.U.S. Department of Justice 5:18-cv-02824-EGS Document 11

United States Marshals Service

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD KOMITO		COURT CASE NUME 18-2824	COURT CASE NUMBER 18-2824	
DEFENDANT LEXISNEXIS RISK SOLUTIONS, INC., REED ELSEVIER, INC. AND RELX GROUP		TYPE OF PROCESS OUP SUMMONS & CO		
NAME OF INDIVIDUAL, COMP	PANY, CORPORATION ETC TO SERVE OR DES	CRIPTION OF PROPERTY TO	O SEIZE OR CONDEMN	
SERVE REED ELSEVIER, INC, A	ND RELX GROUP			
AT ADDRESS (Street or RFD. Aparts	ment No . City. State and ZIP Code)	-		
230 PARK AVE., NEW YO	ORK, NY 10169	*		
SEND NOTICE OF SERVICE COPY TO REQUEST	FILED	Number of process to be served with this Form 285	1	
EDWARD KOMITO 1326 DOE TRAIL ROAD ALLENTOWN, PA 18104	AUG 2 3 2018	Number of parties to be served in this case	3	
	KATE BARKMAN, Clerk ByDep. Clerk	Check for service on U S A		
SPECIAL INSTRUCTIONS OR OTHER INFORMA All Telephone Numbers, and Estimated Times Availad		RVICE (<u>Include Business and A</u>	Alternate Addresses, Pold	
LEXISNEXIS SOLUTIONS, INC., 1000) ALDERMAN DRIVE, SUITE 21 N57, A	LPHARETTA, GEORGI	4 30005 WITED ST	
Signature of Attorney other Originator requesting services	vice on behalf of PLAINTIFF DEFENDANT	TELEPHONE NUMBER 4010-395-7898	2 DAGE - 176 2 87918 - 47	
SPACE BELOW FOR USE OF	U.S. MARSHAL ONLY DO NO	T WRITE BELO	FITHIS LINE	
I acknowledge receipt for the total number of process indicated (Sign only for USM 285 if more than one USM 285 is submitted) Total Process	District of Origin Serve NOS Signature of Author	ged USMS Deputy or Clerk	9 8 8	
I hereby certify and return that I have personally on the individual, company, corporation, etc., at the a				
☐ I hereby certify and return that I am unable to loo	cate the individual, company, corporation, etc named	above (See remarks below)		
Name and title of individual served (if not shown abo	ve)		table age and discretion defendant's usual place	
Address (complete only different than shown above)		Date 8/17/18 Signature of U.S. M.	Time an	
			· 1 · J	
Service Fee Total Mileage Charges Forward including endeavors)	ing Fee Total Charges Advance Deposits	Amount owed to US Marsh (Amount of Refund*)	nai* or	
\$15 00 \$5.78 \ X1	00 \$78.78	\$0.0	00	
REMARKS				

- DISTRIBUTE TO: 1 CLERK OF THE COURT
 - 2 USMS RECORD
 - 3 NOTICE OF SERVICE
 - 4 BILLING STATEMENT* To be returned to the U.S. Marshal with payment, if any amount is owed Please remit promptly payable to U.S. Marshal

5 ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

18-2824-

Case 5:18-cv-02824-EGS Document 11 Filed 08/23/18 TPAND RETURN PROCESS RECEIPT AND RETURN

U.S. Department of Justice United States Marshals Service

See "Instructions for Service of Process by U.S. Marshal"

CONTRACTOR OF THE CONTRACTOR O		COURT CASE NUMB	ER ·
PLAINTIFF EDWARD KOMITO		18-2824	
		TYPE OF PROCESS UP SUMMONS & COMPLAINT	
LEVICHEVIS RISK SOLUTIONS, INC., R	EED ELSEVIER, INC. AND RELX GRO	l e	
NAME OF INDIVIDUAL, COMPA	ANY, CORPORATION ETC TO SERVE OR DES	CRIPTION OF PROPERTY TO) SEINE OR COMPEND
SERVE REED ELSEVIER, INC, AN	ND RELX GROUP		
AT ADDRESS (Street or RFD, Apartm			••
230 PARK AVE., NEW YO SEND NOTICE OF SERVICE COPY TO REQUEST	ER AT NAME AND ADDRESS BELOW	Number of process to be	
SEND NOTICE OF SERVICE COPY TO REQUEST	FILED	served with this Form 285	1
EDWARD KOMITO 1326 DOE TRAIL ROAD ALLENTOWN, PA 18104	AUG 2 3 2018	Number of parties to be served in this case	3
ALDEANIO WILLIAM	KATE BARKMAN, Clerk By Pop Clerk	Check for service on U S'A	-
SPECIAL INSTRUCTIONS OR OTHER INFORMA All Telephone Numbers, and Estimated Times Avail Fold LEXISNEXIS SOLUTIONS, INC., 1000	ATION THAT WILL ASSIST IN EXPEDITING SE		Fold
Signature of Attorney other Originator requesting serv	vice on behalf of PLAINTIFF DEFFNDANT	TELEPHONE NUMBER 610-395-7898	DATE 8/1/18
SPACE BELOW FOR USE OF	U.S. MARSHAL ONLY DO NO	OT WRITE BELOV	V THIS LINE
l acknowledge receipt for the total number of process indicated (Sign only for USM 285 if more than one USM 285 is submitted) Total Process	District of Origin, S. Signature of Author No. 1. Signature of Author S. Signature of Autho	rized USMS Deputy or Clerk	Date
I hereby certify and return that I have personally on the individual, company, corporation, etc., at the a	served, have legal evidence of service, have address shown above on the on the individual, comp	executed as shown in "Remark any, corporation, etc shown at	ks", the process described the address inserted below
☐ I hereby certify and return that I am unable to loc	cate the individual, company, corporation, etc. named	d above (See remarks below)	
Name and title of individual served (if not shown above). A persor then results the person that the person the person that the person the person that the person that the person that the person the person that the person t			itable age and discretion in defendant's usual place
Address (complete only different than shown above)		of abode Date	Time
		Strature of U SAN	farshal or Deputy
Service Fee Total Mileage Charges Forward including endeavors)	Ing Fee Total Charges Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)	
\$65.00 \$5.78 X.	00 178.78	\$0.	00
REMARKS			

DISTRIBUTE TO: 1 CLERK OF THE COURT

2 USMS RECORD

3 NOTICE OF SERVICE

4 BILLING STATEMENT* To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal

5 ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

18-2824-2

Form USM-285 Rev 11/13